

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/04/2014	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 3530 S SHELBY ST INDIANAPOLIS, IN 46227			
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R000000	<p>This visit was for State Residential Licensure Survey.</p> <p>Survey dates: December 2, 3, and 4, 2014</p> <p>Facility number: 001121 Provider number: 001121 Aim number: N/A</p> <p>Survey team: Patti Allen, SW-TC Marcy Smith, RN Dottie Plummer, RN</p> <p>Census bed type: Residential: 71 Total: 71</p> <p>Census payor type: Medicaid: 45 Total: 45</p> <p>Residential sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on December 10, 2014; by Kimberly Perigo, RN.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000216	<p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility. Based on interview and record review, the facility failed to evaluate residents' ability to self-administer medications semi-annually as indicated by facility policy for 2 of 6 residents reviewed for self administration of medications. (Resident #4 and Resident #44)</p> <p>Findings include:</p> <p>1. The clinical record review, completed on 12/2/14 at 12:45 p.m., indicated Resident #4 had diagnoses including, but not limited to, diabetes. The resident admitted to the facility on 7/1/13.</p> <p>A review of the Service Plan for Residential Care for Resident #4 dated 1/20/14 and 7/18/14, indicated the</p>		R000216	<p>1. Resident # 4 and # 44 both have a physician order for self administration of medications. Resident # 4 and # 44 both have an updated Self Medication Assessment form. 2. All residents have the potential to be affected by the same deficient practice, therefore all resident Service Plans are being audited by Assistant Clinical Director and General Manager for compliance. Any Service Plan indicating that a resident may self administer medications is then further checked to ensure that a physician order is present to self administer and that the Self Medicaiton Assessment form is completed and attached behind the Service Plan.3. New meaures now include an audit of new admission charts to occur within</p>		12/30/2014	

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	<p>resident required daily assistance with medications and also self administered medications. The form included instructions to attach a self-medication assessment if the resident was able to self administer medications.</p> <p>The recapitulation of physician's orders dated 12/1/14 - 12/31/14, included an order for Humalog (a short acting insulin) 11 units to be administered with meals as well as a sliding scale dosage based on blood sugar results. The start date for the sliding scale dose was 2/25/14. The resident had an order for blood sugar testing 3 times a day with an origination date of 1/27/14. The resident also had an order for Lantus (a long acting insulin) 38 units daily at bedtime. The Humalog sliding scale dose was: 201 - 250=2 units, 251 - 300=4 units, 301 - 350=6 units, 351 - 400=8 units, and to call the physician for a blood sugar >400.</p> <p>During an interview with Resident #4 on 12/3/14 at 11:45 a.m., the resident indicated the staff drew the insulin into the syringe and then the resident administered the insulin. The resident indicated the staff would occasionally perform the insulin injections if the resident was not feeling well, but the resident primarily administered the injections.</p>		<p>the first 48 hours of admission by the Assistant Clinical Director. Audit will ensure that if Service Plan states self administration of medications is allowed that a self medication physician order is present, and that the Self Medicaiton Assessment form is completed and attached behind the service plan. 4. Service plans of all residents will be reviewed at quarterly care plan meetings. These reviews will include an audit of the service plan regarding self medication by the resident. Audit will specifically identify that physician order and the Self Medication Assessment form are present and up to date on chart.</p>				

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	<p>During an interview with the Clinical Director on 12/2/14 at 3:45 p.m., the Clinical Director indicated the resident self administered insulin dosages after the staff drew the insulin into the syringe for the resident. The Clinical Director indicated the resident had been performing the insulin injections since admission to the facility.</p> <p>The clinical record lacked a self administration assessment for the resident and lacked a physician's order to self administer medications.</p> <p>During an interview with the Clinical Director on 12/3/14 at 10:30 a.m., the Clinical Director indicated a self administration assessment was not completed for Resident #4 prior to 12/2/14.</p> <p>2. The clinical record review, completed on 12/2/14 at 2:30 p.m., indicated Resident #44 had diagnoses including, but not limited to, diabetes. The resident was admitted to the facility on 2/18/14.</p> <p>A Service Plan for Residential Care dated 2/18/14 and 8/22/14, indicated the resident required daily assistance with medications.</p>						

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	<p>A Self-Administration of Medications Review dated 2/18/14, indicated the resident was fully capable of applying topical ointments, creams, and transdermal patches.</p> <p>The recapitulation of physician's orders dated 12/1/14 - 12/31/14, indicated the resident had an order for Voltaren Gel (a topical gel used to treat pain in joints) to be applied daily in the evening, Skin Prep (a type of medicated wipe used to form a protective barrier to the skin) to be applied to heels once a day, Nizoral shampoo (a shampoo used to treat flaking and scaling of the scalp) used 3 times a week, and TED (Thrombo Embolic Deterrent, a type of stocking used to prevent blood clots in the legs) hose to be applied in the morning and removed at night. The recapitulation of orders lacked an order for self-administration of medications.</p> <p>A review of the Medication Administration Record (MAR) for 11/1/14 - 11/30/14, lacked documentation of the application of the Voltaren Gel, the Skin Prep, and the TED hose for all 30 days of the month.</p> <p>The MAR for November 2014, lacked documentation of the application of the</p>						

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	<p>Skin Prep for 19 of the 30 days of the month.</p> <p>During an interview with the Clinical Director on 12/2/14 at 3:45 p.m., the Clinical Director indicated the resident self-administered all of the treatments and would check to see about the assessment for self-administration of medications.</p> <p>During an interview with the Clinical Director on 12/3/14 at 10:30 a.m., the Clinical Director indicated the self-administration assessment was completed 2/18/14, and was not updated when the Service Plan was updated 8/22/14.</p> <p>On 12/4/14 at 10:00 a.m., the Clinical Director provided the Evaluation of Resident policy dated 4/2014, and indicated the policy was the one currently used by the facility. The policy indicated, "...The evaluation shall be initiated prior to admission and shall be updated semi-annually...The resident evaluation is used to determine the level of care...and shall include...d. If applicable, the resident's ability to self-administer medications...."</p>						

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to ensure blood glucose monitoring was performed and sliding scale insulin was administered as ordered by the physician for 1 of 2 residents reviewed for insulin administration. (Resident #4)</p>	R000217	<p>1. Resident # 4 now receiving blood glucose monitoring and sliding scale insulin administered as ordered by the physician. 2. All diabetic residents have the potential to be affected by the same deficient practice, therefore all resident Service Plans are being audited by Assistant Clinical Director and General</p>		12/30/2014		

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	<p>Findings include:</p> <p>The clinical record review, completed on 12/2/14 at 12:45 p.m., indicated Resident #4 had diagnoses including, but not limited to, diabetes.</p> <p>The recapitulation of physician's orders dated 12/1/14 - 12/31/14, included an order for Humalog (a short acting insulin) 11 units to be administered with meals as well as a sliding scale dosage based on blood sugar results. The start date for the sliding scale dose was 2/25/14. The resident had an order for blood sugar testing 3 times a day with an origination date of 1/27/14. The resident also had an order for Lantus (a long acting insulin) 38 units daily at bedtime. The Humalog sliding scale dose was: 201 - 250=2 units, 251 - 300=4 units, 301 - 350=6 units, 351 - 400=8 units, and to call the physician for a blood sugar >400.</p> <p>A review of the Medication Administration Record (MAR) for November 2014, indicated the resident had a blood glucose of 209 on 11/1/14 at 6:00 a.m., and should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/1/14, was 202 and the resident should</p>		<p>Manager for compliance. Any Service Plan indicating that a resident is diabetic will be further reviewed to ensure that the required blood glucose monitoring and sliding scale insulin administration is being completed as ordered by a physician and documented properly by nursing personnel on the resident's Medication Administration Record. 3. New measures put into place now include an audit on new admission charts to occur within the first 48 hours of admission by the Assistant Clinical Director. Audit will ensure that if resident has diagnosis of diabetes and requires blood glucose monitoring and sliding scale insulin administered, that a proper physician order is in place and documentation is consistently present regarding blood glucose and sliding scale information. All nursing personnel have been in-serviced by Assistant Clinical Director, regarding insulin/sliding scale and blood glucose monitoring. 4. Corrective actions will be monitored by audits conducted at the quarterly care plan meetings. Audits will specifically identify that physician orders regarding blood glucose and sliding scale insulin are present. Medication Administration Records will be audited daily for sliding scale insulin dependent residents by the Assistant Clinical Director. Daily audits will be conducted for</p>				

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	<p>have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/2/14, was 237 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/2/14, was 316 and the resident should have received 6 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The documentation lacked results of a blood glucose at 4:00 p.m. on 11/3/14, and lacked documentation of the administration of any sliding scale insulin.</p> <p>The documentation lacked results of a blood glucose at 6:00 a.m. on 11/4/14, and lacked documentation of the administration of any sliding scale insulin.</p> <p>The blood glucose result at 6:00 a.m. on 11/5/14, was 229 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p>			<p>the next 30 days, then Assistant Clinical Director will continue audits weekly for 30 days, and finally monthly, which will be on-going. This along with the care plan team review should ensure the deficient practice will not recur.</p>			

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	<p>The blood glucose result at 4:00 p.m. on 11/6/14, was 200 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/7/14, was 320 and the resident should have received 6 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/7/14, was 204 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 4:00 p.m. on 11/7/14, was 347 and the resident should have received 6 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/9/14, was 238 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/10/14, was 205 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin</p>						

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	<p>was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/12/14, was 206 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The documentation lacked results of a blood glucose at 11:00 a.m. on 11/12/14, and lacked documentation of the administration of any sliding scale insulin.</p> <p>The documentation lacked results of a blood glucose at 11:00 a.m. and 4:00 p.m. on 11/16/14, and lacked documentation of the administration of any sliding scale insulin.</p> <p>The blood glucose result at 6:00 a.m. on 11/21/14, was 294 and the resident should have received 4 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 4:00 p.m. on 11/21/14, was 272 and the resident should have received 4 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/22/14, was 274 and the resident</p>						

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	<p>should have received 4 units of sliding scale insulin. The documentation indicated the resident received 2 units of sliding scale insulin.</p> <p>The blood glucose result at 4:00 p.m. on 11/24/14, was 361 and the resident should have received 8 units of sliding scale insulin. The documentation indicated the resident received 6 units of sliding scale insulin.</p> <p>The blood glucose result at 11:00 a.m. on 11/28/14, was 236 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 4:00 p.m. on 11/28/14, was 245 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/29/14, was 316 and the resident should have received 6 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/29/14, was 300 and the resident should have received 4 units of sliding scale insulin. No sliding scale insulin</p>						

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	<p>was documented as given.</p> <p>The blood glucose result at 4:00 p.m. on 11/29/14, was 290 and the resident should have received 4 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 6:00 a.m. on 11/30/14, was 240 and the resident should have received 2 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>The blood glucose result at 11:00 a.m. on 11/30/14, was 290 and the resident should have received 4 units of sliding scale insulin. No sliding scale insulin was documented as given.</p> <p>During an interview with the Clinical Director on 12/2/14 at 3:45 p.m., the Clinical Director indicated the staff performed the blood glucose testing and was expected to document the blood glucose results and the amount of insulin administered each time blood glucose testing was completed and the sliding scale insulin was administered.</p> <p>On 12/4/14 at 10:10 a.m., the Clinical Director provided the Glucose Meter Cleaning and Testing policy dated 07/2011, and indicated the policy was the</p>						

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R000306	<p>one currently used by the facility. Step number 41 of the policy indicated, "...Document results of glucose...." The Clinical Director indicated the did not have a specific policy regarding sliding scale insulin administration.</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident 's clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug.</p> <p>Based on record review and interview, the facility failed to ensure a discharged resident's medications were disposed of according to facility policy and state law, for 1 of 2 discharged residents reviewed for disposition of medications. (Resident #73)</p> <p>Findings include:</p>	R000306	<p>1. Resident # 73 no longer resides in the facility.2. All nursing personnel in-serviced by Assistant Clinical Director regarding proper discharge of resident's medications upon discharge of resident from facility.3. Assistant Clinical Director will review the status of medications for all residents discharged from the facility to ensure facility policy is followed.4.</p>		12/09/2014		

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	<p>The clinical record of Resident #73 was reviewed on 12/3/14 at 9:45 a.m. Diagnoses for the resident included, but were not limited to, multiple sclerosis, depression, high blood pressure, anxiety, and history of blood clots.</p> <p>Resident #73 was sent to the hospital on 9/21/14, and discharged from the facility on 10/10/14.</p> <p>Recapitulated physicians's orders for September, 2014, indicated Resident #73 was receiving the following scheduled and as needed medications prior to her discharge from the facility:</p> <p>levothyroxine 50 mcg (micrograms) omeprazole 10 mg (milligrams) potassium chloride 20 meq (milliequivalents) Avonex 30 mcg citalopram 40 mg pramipexole 0.5 mg amantadine 100 mg gabapentin 300 mg lisinopril 2.5 mg vitamin D3 2,000 units donepezil 10 mg furosemide 40 mg warfarin 3.5 mg buspirone 10 mg buspirone 15 mg</p>		Once nursing personnel have discharge paperwork complete Assistant Clinical Director and or General Manager will review paperwork for proper documentation and disposition of medications.				

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	<p>trazodone 100 mg klonopin 0.25 mg (a controlled substance) hydrocodone/acetaminophen 5-325 mg (a controlled substance) meclizine 25 mg acetaminophen 325 mg loratadine 10 mg ketorolac 10 mg tramadol 50 mg (a controlled substance)</p> <p>No documentation was found in Resident #73's record which indicated what the facility did with the resident's medications after she was discharged.</p> <p>On 12/3/14 at 10:30 a.m., the Administrator indicated the facility had a special form on which nursing was supposed to document the disposition of all the resident's medications at the time of discharge.</p> <p>On 12/3/14 at 3:00 p.m., the Clinical Director provided a Medication Return Form, dated 10/9/14, which indicated the furosemide, amantadine and donepezil had been returned to the pharmacy because the resident had been discharged. At that time, the Clinical Director indicated she was not able to find any other documentation regarding disposition of the rest of Resident #73's medications.</p>						

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R000414	<p>On 12/4/14 at 10:10 a.m., the Clinical Director provided a policy, dated 7/2011, titled, "Disposition of Medications When a Resident Is Discharged From the Facility," and indicated it was the policy currently used by the facility. The policy indicated, "Upon discharge from the facility, the patient's drugs are to: a) Be released with the patient or b) Be returned to the pharmacy for credit/destruction, or c) Be destroyed by two licensed nursing personnel...The nurse will document in the clinical record...All narcotics must be accounted for..."</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and record review, the facility failed to ensure hand washing</p>		R000414	1. All nursing staff have been in-serviced by Assistant Clinical		12/30/2014	

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	<p>was performed according to facility policy during medication administration for 3 of 5 residents observed for medication administration. (Residents #4, #24, #21, Licensed Practical Nurse #1)</p> <p>Findings include:</p> <p>During an observation on 12/3/14 at 11:10 a.m., Licensed Practical Nurse #1, prepared to perform a finger stick blood glucose test (used to measure blood sugar) on Resident #4. She washed her hands, put on gloves, cleaned the glucose meter, put on new gloves, performed the fingerstick blood test, removed her gloves, sanitized her hands, put on gloves, drew up the insulin in a syringe, and gave the syringe to Resident #4 to administer. She, then, removed her gloves, sanitized her hands, donned gloves again, cleaned the glucose meter, performed the fingerstick blood test on Resident #24. After the test was completed, she removed her gloves, sanitized her hands, regloved, set the insulin pen to the correct dosage, and gave the insulin to Resident #24 to administer. When that was completed, she removed her gloves, sanitized her hands, and administered an oral medication to Resident #21.</p> <p>LPN #1 was not observed to wash her</p>		<p>Director on proper hand washing.2. All residents have the potential to be affected by the same deficient practice, therefore audits will be performed on all nursing staff by Assistant Clinical Director and General Manager over the next 30 days to ensure that proper hand washing procedures are being followed.3. New measures being put into place that all nursing personnel will receive monthly in-service training on hand washing by Assistant Clinical Director. Assistant Clinical Director or designee will conduct rounds to ensure proper hand washing occurs during medication administration.4. General Manager will review monthly in-service training sign in log to ensure that all nursing staff is consistently receiving training.</p>				

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	<p>hands at any time after the initial preparation.</p> <p>On 12/3/14 at 1:45 p.m., the Clinical Director provided a policy, dated 4/2014, titled, "Hand Washing," and indicated it was the policy currently used by the facility. The policy indicated, "An essential component of infection control is hand washing. All staff members must wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice."</p> <p>On 12/3/14 at 3:20 p.m., the Clinical Director provided a training protocol, undated, titled, "Medication Validation," and indicated, "This is what we use when we orient new nurses." The protocol indicated, "Washes hands prior to passing medications."</p> <p>On 12/4/14 at 10:10 a.m., the Clinical Director provided a policy, dated 3/2013/ titled, "Glucose Meter Cleaning & Testing," and indicated it was the policy currently used by the facility. The policy indicated, "Wash hands...Put on gloves... [clean blood glucose meter]...Wash or sanitize hands...Put on clean gloves... [perform test]...Remove gloves...Wash or sanitize hands.. Put on gloves...[clean blood glucose meter]...remove</p>						

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	gloves...Wash hands..."						